



Northern Ireland

Public Services

Ombudsman

Investigation of a complaint against South Eastern Health and Social Care Trust (Prison Healthcare)

Report Reference: 202006723

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The Role of the Ombudsman

The Northern Ireland Public Services Ombudsman (NIPSO) provides a free, independent and impartial service for investigating complaints about public service providers in Northern Ireland.

The role of the Ombudsman is set out in the Public Services Ombudsman Act (Northern Ireland) 2016 (the 2016 Act). The Ombudsman can normally only accept a complaint after the complaints process of the public service provider has been exhausted.

The Ombudsman may investigate complaints about maladministration on the part of listed authorities, and on the merits of a decision taken by health and social care bodies, general health care providers and independent providers of health and social care. The purpose of an investigation is to ascertain if the matters alleged in the complaint properly warrant investigation and are in substance true.

Maladministration is not defined in the legislation, but is generally taken to include decisions made following improper consideration, action or inaction; delay; failure to follow procedures or the law; misleading or inaccurate statements; bias; or inadequate record keeping.

The Ombudsman must also consider whether maladministration has resulted in an injustice. Injustice is also not defined in legislation but can include upset, inconvenience, or frustration. A remedy may be recommended where injustice is found as a consequence of the failings identified in a report.

Reporting in the Public Interest

This report is published pursuant to section 44 of the 2016 Act which allows the Ombudsman to publish an investigation report when it is in the public interest to do so.

The Ombudsman has taken into account the interests of the person aggrieved and other persons prior to publishing this report.

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Case Reference: 202006723

Listed Authority: South Eastern Health and Social Care Trust (Prison Healthcare)

SUMMARY

I received a complaint about care and treatment the Prison Healthcare team within the South Eastern Health and Social Care Trust (the Trust) provided to the complainant (the patient). The patient was concerned about the tapering of his diazepam prescription and the Trust's decision not to prescribe him cannabis-based products.

The investigation found the Trust tapered the patient's diazepam prescription in line with relevant standards and guidelines. It also established that the use of medicinal cannabis-based products is not licensed within Northern Ireland. Therefore, the Trust's decision to not prescribe this medication to the patient was in accordance with relevant guidance.

I appreciated the patient's concern about the Trust's decisions regarding his medication. However, the Prison Healthcare team must act in accordance with strict guidelines that are in place for the prescription of such medications. I am satisfied that in this case, the Trust acted appropriately. I did not identify a failure in the Trust's care and treatment of the patient. Therefore, I did not uphold this element of the complaint.

THE COMPLAINT

1. This complaint is about care and treatment the South Eastern Health and Social Care Trust (the Trust) provided to the complainant (the patient) whilst in prison.

Background

2. The patient was committed to prison in March 2023. Whilst in the community, the patient was prescribed a daily dose of 15mg of Diazepam¹. The patient attended a nursing review in the prison in September 2023, following which he was prescribed a three-month course of Diazepam. During the review, the nurse discussed reducing the Diazepam dosage, but the patient raised concerns about this decision. However, the Trust started to taper² the patient's prescription from February 2024.
3. The patient also said he suffers with nerve damage due to a stomach operation. This causes him pain and difficulty sleeping. While in the community, the patient obtained Cannabidiol³ (CBD) from a private doctor in London, which he used to relieve his pain symptoms.

Issues of complaint

4. I accepted the following issue of complaint for investigation:

Whether the Trust's decision to remove the patient's medication was reasonable and appropriate and in accordance with relevant policies and guidance.

INVESTIGATION METHODOLOGY

5. In order to investigate this complaint, the Investigating Officer obtained from the Trust all relevant documentation together with its comments on the issues the complainant raised. This documentation included information relating to the Trust's complaints process.

¹ Diazepam is a medication that treats anxiety, seizures, muscle spasms or twitches.

² Reduced the dosage of the medication.

³ A cannabis-based medicine used to relieve symptoms.

Independent Professional Advice Sought

6. After further consideration of the issues, I obtained independent professional advice from the following independent professional advisor (IPA):

- GP, MBBS, FRCP, RCGP, with over 17 years' experience of providing medical care in prisons.

I enclose the clinical advice received at Appendix two to this report.

7. The information and advice which informed the findings and conclusions are included within the body of this report. The IPA provided 'advice', however, how I weighed this advice, within the context of this particular complaint, is a matter for my discretion.

Relevant Standards and Guidance

8. In order to investigate complaints, I must establish a clear understanding of the standards, both of general application and those specific to the circumstances of the case. I also refer to relevant regulatory, professional, and statutory guidance.

The general standards are the Ombudsman's Principles⁴:

- The Principles of Good Administration

9. The specific standards and guidance referred to are those which applied at the time the events occurred. These governed the exercise of the administrative functions and professional judgement of those individuals whose actions are the subject of this complaint.

The specific standards and guidance relevant to this complaint are:

- The General Medical Council Good Medical Practice, updated April 2019 (the GMC Guidance).
- The South Eastern Health and Social Care Trust - Healthcare in Prison (HiP), Benzodiazepine Prescribing Policy, July 2021 (Benzodiazepine Prescribing Policy).
- Royal College of General Practitioners (RCGP), Safer Prescribing in

⁴ These principles were established through the collective experience of the public services ombudsmen affiliated to the Ombudsman Association.

Prisons, January 2019 (Safer Prescribing Policy).

- National Institute for Health and Care Excellence (NICE), Benzodiazepine and z-drug withdrawal, January 2019 (NICE CKS).
- The Health and Social Care Board Northern Ireland [the *Strategic Planning and Performance Group*], Letter to all General Practitioners and Practice Pharmacists – CANNABIS-BASED PRODUCTS FOR PAIN, March 2019 (HSCB Letter).

I enclose relevant sections of the guidance considered at Appendix three to this report.

10. I did not include all information obtained in the course of the investigation in this report. However, I am satisfied I took into account everything I considered relevant and important in reaching my findings.
11. A draft copy of this report was shared with the complainant and the Trust for comment on factual accuracy and the reasonableness of the findings and recommendations.

THE INVESTIGATION

Whether the Trust's decision to remove the patient's medication was reasonable and appropriate and in accordance with relevant policies and guidance.

Detail of Complaint

The Trust's decision to taper Diazepam

12. The patient disagreed with the Trust's decision to reduce his prescription for Diazepam given that he continues to suffer from post-traumatic stress disorder⁵ (PTSD), chronic anxiety, and personality disorder⁶.

⁵ PTSD is a mental health condition caused by either experiencing or witnessing a stressful or terrifying event. Symptoms may include flashbacks, nightmares, severe anxiety and uncontrollable thoughts about the event.

⁶ A mental health condition where people often have a hard time understanding emotions and tolerating distress.

The Trust's decision to not prescribe CBD

13. The patient also raised concerns about the Trust's decision not to prescribe him CBD while in prison. He said he took CBD in the community, and it helped with his pain management.

The Trust's response to investigation enquiries

The Trust's decision to taper Diazepam

14. The Trust stated that Healthcare in Prison (HiP) is guided by '*RCGP Safer Prescribing in Prisons and regional guidance*'.
15. The Trust stated Diazepam is licensed for '*short term use only*'. It is '*cognisant of the impact of the reduction of medication*' and because of this, it '*aims to do this in partnership*' with the patients to '*ameliorate⁷ the impact*'.
16. The Trust stated staff informed the patient of a reduction in Diazepam four months after he started his sentence. It explained, '*this is standard practice*' and it is '*aware of the impact immediately after someone enters prison*'.
17. The Trust stated it slowed down the rate of '*deprescribing of Diazepam*' to take into account the patient's concerns. It has also offered the patient '*alternatives*' to Diazepam.

The Trust's decision to not prescribe CBD

18. The Trust stated that CBD is '*not currently licensed for use within HSC*'. This is why it did not prescribe it to the patient. The patient's '*legal representatives*' recognised this decision.

Relevant Independent Professional Advice

The Trust's decision to taper Diazepam

19. The IPA advised the assessments carried out by staff in relation to the prescriptions for Diazepam and its subsequent reduction were reasonable. The

⁷ Relieve.

gradual reduction of Diazepam *'is in line with guidance within the prison and wider community context as it is not licensed for long-term treatment'*.

The Trust's decision to not prescribe CBD

20. The IPA advised there is *'no provision of medicinal cannabis available within prisons'*. This is primarily due to medicinal cannabis oil being *'privately prescribed'* and there is *'no private prescribing within prisons'*.
21. The IPA advised *'there is no clinical guidance or specific reference material'* for the prescription of CBD as there is *'no availability for the provision for the off-license use of [CBD] in prisons'*. The *'potential risk for misuse in the prison'* makes its use *'inappropriate'*.
22. The IPA advised *'the care and treatment provided to the patient regarding his medication while in prison was appropriate'* and *'fell within the expected standard'*.

Analysis and Findings

The Trust's decision to taper Diazepam

23. The Safer Prescribing Policy states that benzodiazepines are not licenced for long-term use. Therefore, the Trust works with those patients who were prescribed a benzodiazepine in the community to reduce and ultimately withdraw from the medication. It does so after a period of stability within the prison environment.
24. The Trust's Benzodiazepine Prescribing Policy states that patients prescribed Diazepam as part of a repeat prescription in the community will continue *'on a maintenance dose of diazepam'*. However, it will be *'reviewed towards the end of the initial 3-month period to discuss and agree an appropriate management plan'*. The records evidence that the Trust first conducted a medication review in July 2023; four months after the patient was committed to prison. I consider this in line with relevant guidance. On this occasion, the patient's Diazepam prescription remained unchanged.

25. The records evidence that the Trust first discussed tapering the patient's Diazepam prescription in September 2023. However, the patient was unhappy with the proposal and his prescription continued. This was until the Trust started to taper the patient's prescription in February 2024.
26. The Safer Prescribing Policy states that for the withdrawal of benzodiazepines, '*dependency must be carefully evaluated and skilfully managed*' and staff should agree a plan to taper the dose by '*reducing by 2mg/week.*' The Trust reduced the dosage to 14mg daily on 14 February 2024; to 12mg daily on 27 February 2024; to 10mg daily on 12 March 2024; to 8mg daily on 9 April 2024; and to 6mg daily on 7 May 2024. The IPA advised the Trust's gradual reduction of diazepam was appropriate and in line with relevant standards and guidelines. Based on the evidence available to me, I accept this advice.
27. I appreciate the patient's concern about the Trust's decision to gradually reduce the dosage, especially as his GP prescribed it to him within the community. However, Prison Healthcare must act in accordance with the strict guidelines in place for the prescription of such medications. I am satisfied that in this case, the Trust acted appropriately and in line with that guidance. I have not identified a failure in the Trust's care and treatment of the patient. Therefore, I do not uphold this element of the complaint.

The Trust's decision to not prescribe cannabis oil

28. Records evidence that the patient requested cannabis-based medication from Trust staff as it helped to relieve his pain symptoms. However, the Trust stated it could not prescribe such medication as it is not currently licenced in Northern Ireland.
29. I considered the HSCB's letter issued to all GPs in Northern Ireland about the prescription of medicinal cannabis for pain management on 6 March 2019. The letter stated, '*there are currently no cannabis-based products routinely commissioned for use in Northern Ireland.*' It instead recommended a '*multidisciplinary and multifaceted approach*' to pain management. Having reviewed the patient's records, I am satisfied the Trust recommended

alternative medication to help relieve the patient's pain. Therefore, I consider the Trust acted in line with the HSCB guidance.

30. I also note the IPA's advice that there is no '*provision for the off-license use of CBD in prisons*'. This is due to the potential risk for misuse in the prison setting which makes the use of CBD inappropriate. I accept this advice.
31. I acknowledge the patient's concern regarding the Trust's decision, particularly given the CBD medication helps to alleviate his pain. However, having considered all relevant evidence, including the IPA's advice, I am satisfied the care and treatment the Trust provided to the patient was reasonable, appropriate and in line with relevant standards. I therefore do not uphold this element of the complaint.

CONCLUSION

32. I received a complaint about the Trust's decision to reduce the patient's Diazepam prescription. It was also about the Trust's decision not to prescribe the patient CBD.
33. I did not identify any failures in the Trust's care and treatment of the patient. I am satisfied the Trust acted in accordance with relevant standards and guidelines.
34. I therefore did not uphold the complaint.

MARGARET KELLY
Ombudsman

August 2025

Appendix 1

PRINCIPLES OF GOOD ADMINISTRATION

Good administration by public service providers means:

1. Getting it right

- Acting in accordance with the law and relevant guidance, with regard for the rights of those concerned.
- Acting in accordance with the public body's policy and guidance (published or internal).
- Taking proper account of established good practice.
- Providing effective services, using appropriately trained and competent staff.
- Taking reasonable decisions, based on all relevant considerations.

2. Being customer focused

- Ensuring people can access services easily.
- Informing customers what they can expect and what the public body expects of them.
- Keeping to its commitments, including any published service standards.
- Dealing with people helpfully, promptly and sensitively, bearing in mind their individual circumstances
- Responding to customers' needs flexibly, including, where appropriate, co-ordinating a response with other service providers.

3. Being open and accountable

- Being open and clear about policies and procedures and ensuring that information, and any advice provided, is clear, accurate and complete.
- Stating its criteria for decision making and giving reasons for decisions
- Handling information properly and appropriately.
- Keeping proper and appropriate records.
- Taking responsibility for its actions.

4. Acting fairly and proportionately

- Treating people impartially, with respect and courtesy.
- Treating people without unlawful discrimination or prejudice, and ensuring no conflict of interests.
- Dealing with people and issues objectively and consistently.
- Ensuring that decisions and actions are proportionate, appropriate and fair.

5. Putting things right

- Acknowledging mistakes and apologising where appropriate.
- Putting mistakes right quickly and effectively.
- Providing clear and timely information on how and when to appeal or complain.
- Operating an effective complaints procedure, which includes offering a fair and appropriate remedy when a complaint is upheld.

6. Seeking continuous improvement

- Reviewing policies and procedures regularly to ensure they are effective.
- Asking for feedback and using it to improve services and performance.
- Ensuring that the public body learns lessons from complaints and uses these to improve services and performance.

